



Counselor Education Program Background Check Release Form

I, _____ (print full name), am seeking to be admitted to the Counselor Education Program at Montana State University-Northern. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the clients I may work with during this program. I hereby expressly and voluntarily give Montana State University-Northern the right to make a thorough investigation of my past employment, education and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5-103(3), MCA, to Montana State University-Northern, Office of Graduate Studies. I understand that Montana State University-Northern reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary. This information will be used to make admissions to counselor education decisions.

I hereby release Montana State University-Northern and an organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the revision of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

Signature _____
Date

Print Full Name: _____

Print Full Address: _____

City State Zip

Witness _____
Date

Social Security Number: _____ Birth Date: _____

PLEASE ENCLOSE A CHECK IN THE AMOUNT OF \$20.00 ADRESSED TO THE "MONTANA STATE UNIVERSITY-NORTHERN (MSUN) FOR PROCESSING.